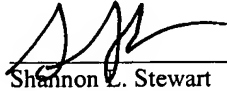




PATENT
RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2155

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 4, 2006.


Shannon L. Stewart

Appl No. : 10/647,070
Applicant : Prasanna Adhikari
Filed : August 22, 2003
Title : SELF-HEALING TREE NETWORK

Confirmation No. 9706

TC/A.U. : 2155
Examiner : Oanh L. Duong

Docket No. : 57221/O231

Customer No. : 23363

AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
December 4, 2006

Commissioner:

In response to the Office action of October 4, 2006, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.




2/14/07

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 4, 2006.


Shannon L. Stewart

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Application No. : 10/647,070
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Title : SELF-HEALING TREE NETWORK

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Grp./Div. : 2155
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
December 4, 2006

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	24	*24		x \$25.00	x \$50.00	0
Independent Claims	7	** 7		x \$100.00	x \$200.00	0
Multiple Dependent Claims ***				\$180.00	\$360.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1, 16-18, 20, 21 and 23						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

Amendment Transmittal Letter
Application No. 10/647,070

_____ Attached is our check for \$ to pay the fees calculated above.
_____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Jun E. Jeon
Jun-Young E. Jeon
Reg. No. 43,693
626/795-9900

JEJ/sls

SLS PAS713205.1-* -12/4/06 5:32 PM